

COMMANDER HOLBROOK R.S.L WAR MEMORIAL SCHOLARSHIP  
TO THE PARENTS/CARERS OF STUDENTS IN YEAR SIX  
RE: Scholarship Exam

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The Holbrook R.S.L Sub-Branch and the Trustees of the estate of the late Commander Norman D. Holbrook are jointly sponsoring two scholarships for secondary pupils. These scholarships will be of considerable financial benefit to the winning students during their first four years at High School.

The scholarships are tenable at any secondary school whether public, private or denominational, meeting with the approval of the New South Wales Department of Education.

The schools eligible are – Holbrook Public School and St Patrick's School– Holbrook.

The date for the examination this year is **Tuesday, 5<sup>th</sup> September 2023**

This year, all students will sit the test at Holbrook Public School. The test will commence at 9:20 a.m. and conclude at approximately 1:00 p.m. The students will have suitable breaks between test papers. Candidates will sit tests in English, mathematics and writing.

***If Covid-19 guidelines and restrictions alter the situation, the scholarship Trustees will communicate with parents and students via the principals at each school.***

The examination will determine the two students to receive the Major and Minor Scholarship Awards and a student from each school to receive a 'Log Cabin Trust' Encouragement Award, which is a one-off payment.

The scholarship results will be announced at the end of the school year.

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Please return this section to your child's school by ***Wednesday, 30<sup>th</sup> August 2023***  
**Commander Holbrook R.S.L War Memorial Scholarship - APPLICATION FORM**

Name of applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Present school attended: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/carer phone number: \_\_\_\_\_

Parent/carer email address: \_\_\_\_\_

Probable secondary school: (if known): \_\_\_\_\_

My son/daughter has the following medical conditions and/or allergies (please provide any relevant medical details) \_\_\_\_\_

I understand that my child will receive medical treatment by the school in case of an emergency.

Signature of parent/carer: \_\_\_\_\_

Print Name: \_\_\_\_\_